Joint State Needs Assessment (JSNA) Fact Sheet

What is the Joint State Needs Assessment (JSNA)?

The Joint State Needs Assessment (JSNA) is a partnership undertaken by three Kansas Department of Health and Environment (KDHE) program areas to conduct a statewide needs assessment.

Who are the JSNA partners?

The three KDHE program areas serving as JSNA partners are Maternal and Child Health Programs within the Bureau for Children, Youth, and Families; Primary Care Services within the Office of Local and Rural Health; and HIV/AIDS within the Bureau of Epidemiology and Disease Prevention. All three programs receive federal funding through the Health Resources and Services Administration (HRSA).

Program	Location in KDHE	HRSA Grant
HIV/AIDS	Bureau of Epidemiology and Disease Prevention (BEDP)	Ryan White Title II
Primary Care (PC)	Office of Local and Rural Health (OLRH)	Primary Care Office Grant
Maternal and Child Health (MCH)	Bureau for Children, Youth, and Families (BCYF)	MCH Title V Block Grant

JSNA Mission: "Improve the health of Kansans through an assessment of needs and the system of services for Primary Care, HIV/AIDS, and Maternal and Child Health".

What is the purpose of the Joint State Needs Assessment?

The official mission of the JSNA is to "improve the health of Kansans through an assessment of needs and the system of services for Primary Care, HIV/AIDS, and Maternal and Child Health." Practically, the joint assessment has fostered collaboration on issues, indicators, and priorities where the program goals and constituencies overlap.

When did the JSNA begin? Is it finished?

JSNA planning began in 1995, with the majority of the data collection and assessment efforts taking place in 1999 and 2000. JSNA results were submitted with the Maternal and Child Health Block Grant in July of 2000 and final JSNA reports were released in late 2000. However, this does not mean the JSNA is complete. Assessment is an ongoing function. JSNA partners will work throughout 2001 and beyond to address the priorities selected as a result of the assessment.

Did the JSNA include broad representation?

Yes. The JSNA provided opportunities for input from a broad range of state and local stakeholders through an advisory group, a planning retreat, and a teleconference for public input. Even broader input is sought as we proceed to address the identified priorities at the state and community levels.

What are the selected priorities?

The table on the back displays the selected JSNA priorities and their relationships to programs and maternal and child health population groups.

How can I become involved in the Joint State Needs Assessment Process?

Contact the project partners with your questions and ask for more information. Several JSNA products are available, including detailed county-level data from the assessment, to help you apply assessment results in your own community.

General JSNA: (785) 296-1300 *or* 1-800-332-6262, ask about the Joint State Needs Assessment

Maternal and Child Health: (785) 296-1300
Primary Care: (785) 296-1200
HIV/AIDS: (785) 296-6173

JSNA Project Coordinator, KDHE
900 SW Jackson, Suite 1052S
Topeka, KS 66612

Summary of Joint State Needs Assessment Priorities

#	Priority Need	HIV / AIDS	PC[1]	MCH[2]			CC / Infra.[5]
				M&I[3]	Childre	CSHCN[4]	
JSNA HIV/AIDS Priorities Submitted for Ryan White Title II Grant							
1	Medication: Insure medication availability.	**					
2	Access: Insure all clients have access to care.	**	*				
3	Access: Insure all clients have access to maternal child programs.	**		*	*		
4	Access: Assess access to prenatal testing.	**		*			
5	Providers: Increase professional providers of all care services.	**	*				
6	Assessment: Continue assessment annually for 3-5 years.	**					*
JSNA MCH, PC, and Cross-Cutting Priorities for Title V and Primary Care Office Grants							
1	**Access**: Improve access to all aspects of primary health care for vulnerable populations.	*	**	*	*	*	**
1a	**Recruitment and Retention**: Coordinate and improve recruitment and retention of all health providers.		**				*
1b	**Cultural and Linguistic Competency**: Improve cultural and linguistic competency for all providers and services.		**				**
2	**CSHCN Access**: Improve access to all aspects of health care for CSHCN.		*			**	
3	**Disparities**: Identify and reduce disparities in health care and health care access wherever they exist. (MCH emphasis on reproductive health demographic and geographic disparities).		*	**			**
4	**Data, Epidemiology, and Analysis Resources**: Increase data infrastructure, epidemiological capacity, and products of analyses for improved state and community problem-solving.	*	*	*	*	*	**
5	**Unintentional Injuries**: Reduce unintentional injuries.		*		**		
6	**Intentional Injuries**: Reduce intentional injuries.		*	*	**	*	
7	**Nutrition / Physical Activity**: Increase proper nutrition and physical activity, particularly among children and adolescents.		*	*	**	*	
8	**Oral Health**: Develop oral health capacity.	*	**	*	*	*	**
9	**Behavioral Health**: Develop behavioral health infrastructure.	*	**	*	*	*	**
10	**Coordinated Systems of Care**: Improve systems coordination and remove barriers caused by categorical programs and funding.	*	*	*	*	*	**

** = Very high priority for this particular program or maternal and child health population group

* = High priority for this particular program or maternal and child health population group

[1] PC: Primary Care

[2] MCH: Maternal and Child Health

[3] M & I: Mothers and Infants

[4] CSHCN: Children with Special Health Care Needs

[5] CC / Infra: Cross-cutting or infrastructure. Applies to several programs and population groups.